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ABSTRACT

The Task Force on Student Life and Alcohol Abuse of the American Association of State Colleges and Universities identified four models that have proven effective in combating alcohol abuse by students. These models include: social norming, peer education, student assistance programming, and environmental management. Every institution is different, and the model that proves effective at one may not work at another. In some cases, an institution may find a combination of model components to be more effective than one specific model. This paper and the discussion of the models is meant to be a guide to presidents as they strive to provide continuous and effective leadership. Four reports are included that focus on each of the approaches: (1) "Social Norms" (Michael P. Haines); (2) "A Case for Peer Education as an Essential Strategy for Alcohol Abuse Prevention and Other Student Health and Safety Initiatives" (Drew Hunter and David Hellstrom); (3) "Student Assistance Programs in Higher Education Settings" (George T. Watkins); and (4) "Program and Policy Approaches for Preventing Alcohol-Related Problems on Campus" (William DeJong). (SLD)

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Task Force on Student Life and Alcohol Abuse

Presidents *in* Action

Strategies for Effective Leadership

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American Association of State Colleges and Universities

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Introduction

The American Association of State Colleges and Universities' (AASCU) Task Force on Student Life and Alcohol Abuse is pleased to present AASCU members with the following white paper, *Presidents in Action: Strategies for Effective Leadership*. Since its inception, the task force has considered a multitude of strategies for effectively responding to the problem of alcohol abuse on college campuses.

The chancellors and presidents who comprise the task force have determined four models that have proven effective in combating alcohol abuse by students. These models include: social norming; peer education; student assistance programming; and environmental management.

Every institution is different, and the program that works best for one institution may prove ineffective at others. Institutions must determine their own needs and circumstances before they can begin to choose a model. Even then, no model may completely address an institution's needs. In some instances, it may be the case that an institution finds a combination of model components to be far more effective than one specific model.

This paper and the discussion of the models is meant to serve as a guide to presidents as they strive to provide continuous and effective leadership over a problem that has destroyed too many lives. It cannot, unfortunately, provide all of the answers.

Having completed work on this project to the task force's satisfaction, the member chancellors and presidents sought and received the endorsement of AASCU's Board of Directors prior to releasing this document to the AASCU membership as a whole.

AASCU's Task Force on Student Life and Alcohol Abuse

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Presidents in Action: Strategies for Effective Leadership

Tom Wolfe, in *The Electric Kool Aid Acid Test*, observes: "There are going to be times when we can't wait for someone. Now, either you are on the bus or you are off the bus."

Higher education and specifically college presidents need to get "on the bus" and take action on alcohol abuse on their campuses. Simply stated, college presidents must prioritize their commitment and resources to work on this issue. *The New College Task Force Report*, sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), underlines this need more than ever before.

A strong commitment from campus presidents and their administrations is the basis for successful programs. John Welty, president of California State University Fresno, provided leadership for his campus and the California State University System (CSU) and its coordinated effort led by CSU's Chancellor Charles B. Reed. These efforts are making a difference.

Campus presidents can demonstrate their commitment to these programs by designating a dedicated staff member to work on these issues and ensuring year-round alcohol education programming and adequate funding for such initiatives.

Presidents should take a position to establish a strong campus alcohol abuse policy and have a willingness to enforce it. Many campuses have decided to send a simple message to students: **Get Smart, Get Help or Get Out**.

Get Smart–When students are confronted for underage drinking or drinking in a high-risk fashion, they must be given a chance to get smart through mandatory education on alcohol issues.

Get Help–If students break policy a second time, they must be offered a chance to get help through such things as personal meetings, assessment services and counseling.

Get Out–If a student continues to drink in a high-risk fashion and is unwilling to change his or her behavior, it is time to get out–to be dismissed from the university. This may influence their understanding that they do have a problem but, more important, it sends a clear message to the rest of the student body that this type of behavior is unacceptable.

Four Approaches to Alcohol Abuse

Following are summaries of four approaches to the issue of alcohol abuse on campus. Though some may seem contradictory, all are currently working in higher education. They include: **(1)** the social norms approach; **(2)** student peer education programs; **(3)** student assistance programs; and **(4)** environmental management strategies.

Social Norms Approach

Until recently, the predominant approach in the field of health promotion sought to motivate behavior change by highlighting risk. Sometimes called "the scare tactic approach" or "health terrorism," this method essentially tries to frighten individuals into positive change by insisting on the negative consequences of certain behaviors. Sociologist H. Wesley Perkins has pointed out, however, that this traditional strategy "has not changed behavior 1 percent."

Research by Perkins and Alan Berkowitz shows that most students on campus overestimate their peers' support of permissive drinking practices and that this overestimation correlates with drinking behavior. Correcting this misperceived social norm, they suggest, might reduce heavy drinking and related harm.

The social norms approach uses a variety of methods to correct negative misperceptions and to identify, model and promote the healthy, protective behaviors that are, in fact, the demonstrable norm among students. It is an evidence-based, data-driven process and is very cost-effective at achieving large-scale positive reports.

A number of colleges and universities have achieved significant reductions in alcohol consumption and harm after implementing this approach. Hobart and William Smith Colleges (N.Y.) experienced a 32 percent drop in high-risk drinking over the course of four years. At Northern Illinois University, there was a 44 percent drop over the course of nine years in high-risk drinking. And at a number of colleges in Minnesota, drinking and driving dropped by 13 percent in three years.

No other intervention has demonstrated the kind of positive impact that social norms has achieved.

Peer Education Programs

Peer education programs are one of the most effective intervention strategies a campus can employ. Along with college presidents and parents, peer educators are one of the most influential change agents on campus, according to *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, a 2002 report by the NIAAA.

Peer educators are clearly effective through the formal educational workshops and awareness events they conduct and they are effective as assistants to other alcohol, drug, and health and wellness efforts on campus. What sets them apart from the professionals they assist, however, is their presence at the countless "teachable moments" that occur on an informal basis on campus where they interact with their roommates, teammates and classmates.

Peer educators also break the bystander mentality–The concept in which individuals passively accept misperceptions of the status quo rather than actively intervene to change it. Peer educators are not bystanders; they are activists in confronting incorrect information or unhealthy attitudes.

When reaching out to the campus community, peer educators promote the health of the "most" and reach out to the "some." Traditional health education is based on the premise that, left alone, students are incapable of protecting themselves from harm. It concentrates on the "some."

Peer educators believe that students are capable but that some students might be in a developmental stage that makes them "currently incapable." There are several reasons that students may be currently incapable of making healthy choices and, depending upon these reasons, peer educators will take different roles including referral agent, skill builder and motivator, and environmental activist.

Student Assistance Programs (SAP)

Student assistance programs are based on the employee assistance model used in many workplaces and represent a partnership between community health agencies and educational institutions. The purpose of student assistance programs is to provide faculty and staff with a mechanism for assisting students with a wide range of personal problems. SAPs do not limit their activities to alcohol or drug abuse, but focus on identifying, referring and assisting students with all issues that hinder their academic

development. Faculty and staff receive training on identifying young people experiencing problems but are not expected to intervene personally. Students are referred to the SAP for assessment and referral. To be successful, student assistance programs must have a high level of commitment from campus leaders and community members; a campus-wide, coordinated effort that includes faculty, staff and students; and a referral network of campus and community resources.

Environmental Management

Until recently, campus officials have focused most of their alcohol prevention efforts on awareness education. However, research has shown that education alone has little effect in reducing alcohol-related problems. A number of colleges and universities are now adopting a more comprehensive approach to prevention that highlights the importance of environmental change or "environmental management," as it is called by the U.S. Department of Education's Higher Education Center.

The center proposes five types of environmental management strategies: **(1)** offer and promote social, recreational, extracurricular and public service options that do not include alcohol and other drugs; **(2)** create a social, academic and residential environment that supports health-promoting norms; **(3)** restrict marketing and promotion of alcoholic beverages both on and off campus; **(4)** limit alcohol availability on and off campus; and **(5)** develop and enforce campus policies and local, state and federal laws.

Town-gown coalitions are suggested by the center as the principal vehicle for achieving environmental changes. Clearly, the problem of student alcohol abuse is not just a problem of the campus but of the entire community.

The following reports explore these four approaches for addressing alcohol abuse on campuses. The first report provides more detail about the social norms approach, the second report examines peer education, the third explains student assistance programs, and the fourth report highlights the importance of environmental changes on the campus and in the community.

Social Norms

Michael P. Haines
Director, National Social
Norms Resource Center

Last year, the National Institute on Alcohol Abuse and Alcoholism issued a *Task Force Report on College Drinking*. In its section of this report, the NIAAA Panel on Prevention and Treatment noted that "several institutions that persistently communicated accurate norms have experienced reductions of up to 20 percent in high-risk drinking over a relatively short period of time. Together these findings provide strong support for the potential impact of the social norms approach." Just what is the social norms approach?

Until recently, the predominant approach in the field of health promotion sought to motivate behavior change by highlighting risk. Sometimes called "the scare tactic approach" or "health terrorism," this method essentially hopes to frighten individuals into positive change by insisting on the negative consequences of certain behaviors. Think of the image of a crumpled automobile, flashing red lights and the tag line "Speed Kills!" and you will have a sense of this kind of public health campaign. But, as sociologist H. Wesley Perkins has pointed out, this kind of traditional strategy "has not changed behavior 1 percent." (see **yalealumnimagazine.com/issues/01_05/alcohol.html**). In 1986, Perkins and Alan Berkowitz published the findings from their research revealing that most students on their campus overestimated their peers' support of permissive drinking practices and that this overestimation correlated with drinking behavior. Correcting this misperceived social norm, they suggested, might reduce heavy drinking and related harm. Over the next decade a number of practitioners began to investigate the implications of this work, and the results of their efforts spearheaded the approach to health promotion now widely known as social norms.

Essentially, the social norms approach uses a variety of methods to correct negative misperceptions, and to identify, model and promote the healthy, protective behaviors that are, in fact, the demonstrable norm among students. When properly conducted, it is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale positive results. Further appealing is the fact that it does not seek to crack down or otherwise impose itself on students. Rather, it is a health promotion strategy that—by promoting the fact that the clear majority is moderate, safe and caring—draws continual strength from the students' own lives.

The social norms approach has been and continues to be used most frequently to address heavy episodic alcohol consumption and related harm. By now, a number of colleges and universities—ranging from large, public institutions to small, private colleges in all parts of the country—have achieved significant reductions in alcohol consumption and harm after implementing this approach. Here is just a sampling of some of the social norms interventions across the country that have documented significant reductions:

- **Western Washington University**—20 percent reduction in the first year.
- **University of Missouri at Columbia**—21 percent reduction over two years.
- **State University of New York New Paltz**—21 percent reduction over four years.
- **Rowan University** (N.J.)—25 percent reduction over three years.
- **University of Arizona**—27 percent reduction over three years.
- **Hobart and William Smith Colleges** (N.Y.)—32 percent reduction over four years.
- **Northern Illinois University**—44 percent reduction over nine years.

Interestingly, in spite of efforts at some colleges and universities to use policy measures to change students' drinking—from closing tailgate parties to cracking down on undergraduate drinking—no other intervention has demonstrated the kind of positive impact that social norms has achieved.

As the number of social norms interventions with positive outcome data has increased over the years, more and more federal and state agencies have begun to fund proposals implementing this approach. Clearly, what makes social norms appealing to this growing list of federal and state agencies is the fact that it is a cost-effective, evidence-based approach with a record of positive results.

A recent example of this can be found in Minnesota. There, in 1998, a collaborative of seven private and public colleges was awarded $130,000 by the state's Department of Public Safety for a three-year initiative to reduce impaired driving using the social norms approach. With funding of approximately $6,000 per school per year, significant reductions (13 percent) were achieved in the number of students who reported impaired driving. ("Collaboration and Social Norms: The Key to Reducing Impaired Driving among College Students in Minneapolis/St. Paul." *The Peer Educator*, October 2002, Vol. 25, No. 3, 7-9.).

Although most of the positive results documented in the literature to date have used social norms to address alcohol, a number of schools are now using this approach to tackle other issues as well, such as tobacco use, sexual assault prevention and academic performance. Resources for learning more about this approach include: *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*, edited by H. Wesley Perkins, published by Jossey-Bass. This is an essential compendium of evidence supporting the social norms strategy and a user-friendly exposition of how model interventions have been conducted in both campus and community-wide settings. Another good resource is the National Social Norms Resource Center at **socialnorm.org**. The mission of the center is to support, promote and provide technical assistance in the application of the social norms approach to a broad range of health, safety and social justice issues, including alcohol-related risk-reduction and the prevention of tobacco abuse. It is the only national center devoted exclusively to the understanding and use of the social norms approach.

A Case for Peer Education as An Essential Strategy for Alcohol Abuse Prevention and Other Student Health and Safety Initiatives

Drew Hunter
Executive Director, The BACCHUS and GAMMA Peer Education Network

David Hellstrom
Director of Education, The BACCHUS and GAMMA Peer Education Network

In 2002, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) released *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. This report singled out peer educators as a proactive force in fighting alcohol abuse. It deemed peer educators, along with college presidents and parents, as the most influential as change agents on campus.

What Peer Educators and Resident Advisors (RAs) Need to Know About College Drinking, the publication that accompanies the report, notes that campus officials are reaching out to peer educators for several reasons:

- Peer educators are trusted by classmates to provide reliable answers and accurate information, regardless of health topic.
- Peer educators have hands-on knowledge that enables them to interpret the NIAAA report from a different perspective.
- Peer educators are a very important link between the administration and student body.
- Peer educators can assist college presidents in reducing underage/excessive drinking.
- Peer educators input can make college alcohol prevention programs more successful.

The BACCHUS and GAMMA Peer Education Network exists to help campuses make the most of their peer education programs. From nearly three decades of serving the peer education movement in higher education, the Network has learned what it takes to create, maintain and support effective programs.

Peer Educators Educate in an Effective and Credible Format

An estimated 76 to 83 percent of colleges and universities have some form of peer education on their campus (Cams, Cams and Wright 1993). This is because the use of paraprofessionals to help with various issues is an effective and credible way to disseminate information and refer to campus resources.

Steven Ender and Fred Newton in their book *Students Helping Students*, published by Jossey-Bass, write: "Recent research continues to conclude that peer educators serving as paraprofessionals can have a positive impact on their peer group. A number of studies have clearly established the positive benefits resulting from peer counseling and peer advisement (Brenden, 1986; Frisz and Lane, 1987; Kramer and Hardy, 1984; Lonabocker, 1987; Russell and Skinkle, 1990; Russell and Thompson, 1987; and Presser, Miller, and Rapin, 1984). Similarly, peer educators have been used with effective results when addressing current campus concerns as diverse as educational dissemination of information about AIDS (Burke, 1989), the improvement of cross-cultural communication (Berg and Wright-Buckley, 1988), the treatment of eating disorders (Lenihan and Kirk, 1990), and the enhancement of personal relationships (Waldo, 1989). Clearly, it has been established that peer educators are effective in a broad array of helping situations."

Peer Educators Impact in Formal and Informal Ways

A large part of the effectiveness of peer educators comes from the formal educational workshops and awareness events they conduct. Last year the peer educators involved with BACCHUS and GAMMA alone conducted more than 10,000 educational sessions at the 900 affiliated campuses. Peer educators also act as assistants to other efforts related to alcohol, other drugs, and health and wellness issues.

However, what sets peer educators apart from the professionals they assist is their presence at the numerous "teachable moments" that occur on an informal basis as peer educators talk to roommates, teammates and classmates in settings such as classrooms, intramural fields, parties and social events. Peer educators "walk in both worlds."

Peer Educators Break the Bystander Mentality

If we are to create change in campus communities, the concept of "bystanders" is critical. Alan Berkowitz writes: "Individuals often adopt a bystander role in which we passively accept our misperception of the status quo rather than actively intervene to change it. We stay in the 'closet' about what we really feel." (Berkowitz, 1997)

Peer educators are not bystanders. Not only are most of them role models in their own behaviors and choices, but they tend to be activists in inviting others to join them, while considering it "part of their identity" to confront incorrect information or unhealthy attitudes. In our own network of peer educators, 95 percent report directly affecting another person in a positive way, with 82 percent indicating they taught new information, 64 percent believing they changed an attitude or perception, and 55 percent reporting they confronted or challenged a risky behavior in the last year (Hunter, 1999).

Peer Educators Promote the Health of the "Most" while Reaching Out to the "Some"

When Michael Haines, director of the National Social Norms Resource Center, writes about indigenous protective norms (Haines, 1998), one of the core concepts is that most students are capable of healthy lifestyles and that most students already possess the elements to choose a positive present and future. That is why the focus of social norm programs is concentrated on "the most." One of the downsides of "traditional" health education is that it is based on the premise that, left alone (or without our help), students are incapable of protecting themselves from harm. In essence, "traditional" health education concentrates on "the some."

Peer educators promote the health of the "most" and reach out to the "some." Peer educators believe that all students are capable, but that some students might be in a situation or developmental stage that makes them "currently incapable." To promote the health of the most, peer educators disseminate information and act as role models to validate the choices of the "capable most" as normal. To reach out to the students who are considered "the some," peer educators act as resource and referral agents, skill builders and motivators, environmental activists, and role models and mentors.

Reaching Out to the "Some"

There are several reasons that students may be currently incapable of making healthy choices and, depending upon these reasons, peer educators will take different roles.

Peer educator as referral agent—Some students may be suffering from a past trauma (sexual assault or abuse) or a current sickness (addiction, mental illness or eating disorder) or need remedial development (ACOA). In these cases, peer educators will refer the students to professional campus resources.

Peer educator as skill builder and motivator—Some students do not possess the necessary information or skills or do not trust the information and skills they do possess. In these cases, peer educators disseminate information, give permission for students to take care of themselves, teach skills and help students practice techniques, in a safe environment, that can be used in a stressful one.

Peer educator as environmental activist—Some students have no desire to be healthy. There is a population on campuses that drinks to excess or uses other drugs "on purpose," that engages in vandalism and violence, that uses alcohol or other drugs as an excuse for inappropriate behavior, that refuses to acknowledge the dignity of those that are in some way "different." This population is small in number, but large in impact.

Peer educators approach this population in three ways—First, by reminding the campus constituencies that this behavior is in no way "normal" or acceptable; **second**, by offering avenues for change; and **third**, by lobbying the campus "powers" to not allow the unhealthy extremes to go unchallenged lest they be misperceived as norms.

Peer educator as role model and mentor—Some students may just need a guide along the journey, a sense that they are not alone. Peer educators can offer mentoring about what they have found to be healthy behavior, how they

have been willing to ask for help and how growth is sometimes a slow, painful process but is worthwhile.

Ensuring the Success of Peer Education Programs

For peer education programs to have maximum impact on the rest of the campus environment, we recommend the following:

Peer educators need adequate training—Peer educators need to receive at least 10 to 25 hours of training. The training should include social norms theory, listening skills, confrontation skills, referral skills, programming strategies, marketing skills, role modeling and ethics, and stress and time management. In addition, peer educators need training on whatever issue the peer group deals with (AOD issues, sexual health, etc.).

Peer educators need to be coordinated—The various peer education groups, from health educators to residence life staff, need to be coordinated in their training and supervision. More than one campus has worked hard with their student health educators to get a consistent message, only to watch at orientation as incoming students saw a series of skits where almost every character was drunk, sexually promiscuous and in need of therapy. Communication and coordination are critical to make sure all student educators are on the same page.

Peer educators need to become marketing and media savvy—Traditionally, peer educators have focused on skill- or issue-based educational workshops. As peer education evolves, equal if not greater time needs to be spent on health promotion and awareness. Peer educators must use the media and use marketing skills to promote health. There are literally hundreds of "avenues" on every campus, from the course selection catalog to the scoreboard at campus basketball games. Peer educators can use marketing skills to write newspaper articles, create promotional spots for campus cable and create e-mail lists, all designed to promote a consistent, positive, believable health message.

Peer educators need to become empowered toward activism—Peer educators must make it part of their identity to be campus activists. Training about confrontation and assertiveness must be given to combat the "bystander" attitude that is so prevalent on campuses. Peer educators need to use their status as "paying customers" to try to affect campus environments, sit on policy boards and be vocal about a zero tolerance policy toward violence and harassment.

Peer educators must be treated as student leaders—Campuses must do more to recognize those members of the student body who choose to become peer educators as true leaders. In essence, peer educators are those students who have chosen to live healthy and positive lives, and to then volunteer their time and talents to create a safer, healthier campus climate for their peers. This type of role modeling and leadership should be rewarded.

Peer educators as "carriers of possibilities"—Recently, at a health education conference, a speaker outlined why we needed stricter campus policy. The speaker talked about the potential dangers of campus life, using phrases such as "students dodge bullets every weekend" and "students walk a tightrope" and "dangers await our students like pits of quicksand," to name a few. Although there is no doubt that strict policy plays an important role, one couldn't help but walk away thinking, is this how we want people to think about what life is like on a college campus? Pits of quicksand? Bullets flying? Walking tightropes? Obviously this speaker fell for the trap of being a "carrier of the misperception" that the "normal" campus experience was one full of high-risk drinking, sexual risk-taking and constant danger.

For most students, the college and university experience is a positive one, an exciting one—indeed, one of the best times of a person's life. With this in mind, our peer educators need to be "carriers of the possibilities" that are part of what we hope college life entails. Health promotion is about choosing a healthy relationship, participating in a fabulous social life, creating an academic and occupational future, and exploring and discovering one's self.

Student Assistance Programs in Higher Education Settings

George T. Watkins
President, Performance Resource Press, Inc. and Publisher, *Student Assistance Journal and EAP Digest*

A student assistance program, or SAP, is a comprehensive campus-based service designed to assist educational organizations in addressing behavioral/performance issues and to assist students in identifying and resolving personal concerns, including those related to alcohol and other drugs, family and emotional stress, or other personal issues that may affect academic performance and behavior. They are modeled on employee assistance programs used at many workplaces. Student assistance programs represent a partnership between community health agencies and

educational institutions and may rely on internal/contractual staff or community agencies for assessment and treatment services.

Like their business counterparts, most student assistance programs do not limit their activities to alcohol abuse and illegal drug problems. Instead, they focus on identifying, referring and assisting students with all issues causing problems that hinder their academic development.

The purpose of student assistance programs is to provide school faculty and staff with a mechanism for helping students with a wide range of personal problems. Faculty and other school staff receive training on how to identify youths experiencing performance/behavioral problems. However, they are not expected to intervene personally. Students are referred to the SAP for assessment and referral.

Elements common to most student assistance programs include: early identification of student problems; referrals to designated helpers and on-campus services, such as support groups and individual counseling; referral to outside agencies; and follow-up services.

Implementation of effective student assistance programs in higher education requires strong presidential leadership; a campus-wide task force that includes a broad spectrum of faculty, staff and students; and a referral network of campus and community resources. This level of commitment, as well as appropriate training, provides campus personnel with a valuable mechanism for helping students experiencing problems.

In order to reduce barriers to learning and ensure student success, student assistance programs should at a minimum:

Develop a policy statement to define the institution's role in creating a safe, disciplined and drug-free learning community and to clarify the relationship between student academic performance and abuse of alcohol and illegal drug use, violence and high-risk behaviors.

Provide, with peer involvement, a system to identity and refer students with academic, behavioral and social concerns to a multi-disciplinary assessment and case management resource.

Establish collaborative relationships among the institution, community groups and agencies, student support groups, and education, treatment and referral resources.

Provide training programs for faculty and staff to enable them to detect problems of alcohol abuse and other drug use and to refer persons with these problems to appropriate assistance.

Educate parents, students, faculty and the community about the institution's student assistance policy. Include alcohol and other drug information for students and their family members in student/family orientation programs.

Support, encourage and consult with faculty regarding referrals, practices, policies, drug testing issues and events that may impact student well-being.

Integrate student assistance services with other campus-based programs designed to increase resilience, improve academic performance and reduce student risk for alcohol and other drugs and violence.

Evaluate the student assistance program for the appropriateness, effectiveness and efficiency of its services. Measurable objectives should be stated for both program processes and outcomes.

Program and Policy Approaches for Preventing Alcohol-Related Problems on Campus

William DeJong
Director, U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Prevention

Until recently, campus officials focused most of their alcohol prevention efforts on awareness education, including orientation for first-year students, alcohol awareness weeks, and peer education. Education is necessary, of course, but research has shown that education alone has little effect in reducing alcohol-related problems.

Colleges and universities are now adopting a more comprehensive approach to prevention that highlights the importance of environmental change. The U.S. Department of Education's Higher Education Center promotes this approach under the rubric "environmental management." The center urges college administrators to consider five types of environmental management strategies:

- offer and promote social, recreational, extracurricular and public service options that do not include alcohol and other drugs;
- create a social, academic and residential environment that supports health-promoting norms;
- restrict marketing and promotion of alcoholic beverages both on- and off-campus;
- limit alcohol availability both on- and off-campus; and
- develop and enforce campus policies and local, state and federal laws.

Among these options, which ones work best? To answer that question, the National Institute on Alcohol Abuse and Alcoholism formed the Task Force on College Drinking, which developed research-based recommendations for effective prevention. NIAAA published the task force's findings, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, in April 2002. (See **collegedrinkingprevention.gov**).

The NIAAA Task Force recommended the following approaches:

Increased Enforcement of Minimum Legal Drinking Age Laws
Laws to increase the minimum legal drinking age have been a major success, with substantial decreases reported in alcohol consumption and alcohol-related traffic crashes. This is the case even though enforcement of the age 21 laws has been spotty. Importantly, studies show that increased enforcement can substantially reduce sales to minors. By extension, college and community officials should strongly consider applying a variety of measures to prevent underage drinking, including cracking down on fake IDs.

Restrictions on Alcohol Retail Outlet Density
The density of alcohol licenses or outlets is related to alcohol consumption and alcohol-related problems, including violence, other crime and health problems. One influential study found that both underage and older college students reported higher levels of alcohol consumption when there were larger numbers of alcohol outlets within one mile of campus. Additional research will need to test whether zoning and licensing regulations will lead to reductions in alcohol-related problems, but the strength of association between outlet density and alcohol problems suggests that this approach has merit.

Increased Prices and Excise Taxes on Alcoholic Beverages
The impact of price on alcohol consumption is well documented. Studies have shown that when the price of alcohol is increased, many alcohol-related problems, including fatal traffic crashes, go down. Price variations especially affect youth, even heavy drinkers. Price increases can come about by raising alcohol excise taxes and working out cooperative agreements with local merchants to institute minimum pricing or to limit low-price drink specials.

Responsible Beverage Service Policies
These policies include reducing alcohol sales to minors and intoxicated patrons at bars and restaurants, checking for false age identification, serving alcohol in smaller standard sizes, limiting the number of servings per alcohol sale, restricting sales of pitchers, promoting alcohol-free drinks and food, eliminating last-call announcements, and cutting off sales to patrons who might otherwise become intoxicated. Studies suggest that such policies—reinforced by training for both managers and staff and by compliance monitoring—can reduce inappropriate alcohol sales significantly.

The NIAAA Task Force report identified additional program and policy ideas that make sense intuitively or seem theoretically sound but so far lack strong empirical support. Likewise, the Higher Education Center has identified still other ideas that fit this category (e.g., create student service learning or volunteer opportunities, increase academic standards). Clearly, any tactics that might serve to increase alcohol-free options, change the normative environment, reduce alcohol availability, alter alcohol marketing and promotion, or increase consistent enforcement deserve to be tried and evaluated.

Town-gown coalitions are a principal vehicle for achieving these types of environmental change. Clearly, the problem of student alcohol abuse is not just a problem of the campus, but the entire community, and it will take the entire community to combat it. For many years, community-based prevention coalitions have made changes in state, local and institutional policy a priority. Campus officials are beginning to think about a similar set of prevention strategies. Where a community prevention coalition already exists, college officials should be invited to join. Where no coalition is in place, higher education officials, especially college and university presidents, can take the lead in forming the coalition and moving it toward an environmental management approach to prevention.

Information about environmental management, campus and community coalitions, and strategic planning for more effective prevention of alcohol-related problems can be found through the Higher Education Center by calling 800.676.1730 or by visting **edc.org/hec/**.

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